



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 030102
Applicant(s): GEORGE B. HANNA ET AL			
Application No. 10/600,193	Filing Date June 19, 2003	Examiner Barrie	Group Art Unit 2643
Invention: METHOD AND APPARATUS FOR MAKING A LONG DISTANCE TELEPHONE CALL			
RECEIVED CENTRAL FAX CENTER DEC 29 2005			
I hereby certify that this <u>RCE Transmittal, Amend. Trans. Ltr., Resp. to OA in Conjunction with an RCE & Fee</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)			
on <u>December 29, 2005</u> (Date)			
<u>Sheila Smedick</u> (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 030102 (BLL-0091)	
Applicant(s): GEORGE B. HANNA ET AL						
Application No. 10/600,193	Filing Date June 19, 2003	Examiner Barnie	Customer No. 36192	Group Art Unit 2643	Confirmation No. 8787	
Invention: METHOD AND APPARATUS FOR MAKING A LONG DISTANCE TELEPHONE CALL						
COMMISSIONER FOR PATENTS:					RECEIVED CENTRAL FAX CENTER	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					DEC 29 2005	
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: December 29, 2005			
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						

P11LARGE/REV05